



*Testimony before the Public Health Committee
Deidre S. Gifford, Commissioner
March 6, 2020*

Good Morning Senator Abrams, Representative Steinberg and distinguished members of the Public Health Committee. My name is Deidre S. Gifford, and I am the Commissioner of the Department of Social Services (DSS).

I am pleased to appear before you today to offer remarks on House Bill 5020.

**H.B. 5020 - AN ACT IMPLEMENTING THE GOVERNOR'S BUDGET
RECOMMENDATIONS REGARDING PUBLIC HEALTH.**

Section 12 of this bill will allow a Residential Care Home (RCH) to qualify as a home and community-based setting under federal regulations, thus enabling RCH residents to receive home and community-based services and avoid institutionalization. The Department strongly supports this legislation.

Approximately 264 individuals in 67 distinct settings currently reside in RCHs and receive Medicaid services under the Connecticut Home Care Program for Elders waiver. Pursuant to 42 CFR 441.301, residents living in home and community-based settings must have comparable protections to those provided to tenants under the state's landlord/tenant law. CGS 19a-535a, regarding the transfer or discharge of RCH patients, is amended to provide broader protections and appeal rights that are consistent with this requirement.

Currently, DSS, DPH and the Office of the Long Term Care Ombudsman are actively collaborating with representatives from the RCH industry to modify the language proposed in this bill to reach a consensus regarding the final language.

Since 2014, the Community Options unit within DSS has overseen or conducted over 160 site visits and follow-up activities with RCHs across the state in the development and approval stages of our State Transition Plan for Home and Community-Based Services. During our time 'in the field,' our staff have been consistently informed by RCH staff and residents that the needs of the residents have changed. In the past, residents were predominantly those in transition from home-based care to nursing home care. Currently, the residents have more behavioral health needs, substance abuse issues, and more acute medical needs than ever before. At the same time, RCHs are increasingly feeling strained to provide a higher level of service at their current funding levels.

Implementation of the State Transition Plan provides the opportunity to offer a wider array and more appropriate services than many RCH residents may currently receive. These changes, including a further commitment to social and community integration, freedom from seclusion and restraint, greater choice in how an individual's services are identified and made available, and guarantees of personal privacy and respect among others, did not come as a surprise to most RCHs. Indeed, many of the RCHs have already adopted such person-centered practices. This legislation builds upon the foundational work that the Centers for Medicare and Medicaid Services (CMS) and the Community Options unit completed in the State Transition Plan and more clearly articulates changes needed to comply with the settings requirements for provider owned settings under 42 CFR 441.301 (c)(4)(vi). RCHs have long known how important resident protections are and have, for the most part, met the spirit, if not the exact letter of person-centered practice. This legislation changes none of the service array, nor any of the processes that have always been in place. As proposed, this legislation would empower RCHs to better document activities and remediation used to resolve resident issues, including violation of the RCH rules, threatening or disruptive behavior or nonpayment of rent. The proposed legislation may also be beneficial in that it has the potential to: a) decrease the actual number of transfers and discharges and b) decrease the number of readmits due to appeals. Qualifying as a home and community-based setting for the purposes of servicing Medicaid waiver participants brings numerous benefits to the RCHs. This would permit other waiver programs to provide wrap around services to waiver participants, thereby supporting them in their current living situation. DMHAS has expressed support of this initiative and sees great benefits to the population jointly served by DMHAS and the RCHs. Outside resources and services can be introduced to assist with the behavioral challenges that many RCHs have dealt with regularly. Additionally, the ability to serve waiver clients expands the pool of potential residents for the RCHs and should positively impact their census. Waiver clients also have care managers as part of their service plan and the care manager is a critical resource to the RCHs for dealing with changes in the clients' status.

DSS, especially the Community Options unit, have engaged with the statewide organization of RCH owners and operators over the last four years. Settings rules have been explained, methods for improving relationships with Access Agency Care Managers who come in to conduct annual reassessments and other person-to-person visits, and increased funding strategies have all been discussed in detail and over time. This legislative change ensures that RCHs have additional supports available to them to better address residents' needs. The legislation addresses the CMS requirements for comparability and is clearly a win for the residents, the RCHs and the state agencies. DSS and the Community Options unit look forward to continued partnership with all RCHs that seek to qualify as a home and community-based setting under federal regulations, and in the process, also enables RCH residents to receive home and community-based services to avoid institutionalization.